State Health Forum

April 11, 2006
Spokane Regional Health District
Public Health Center
1101 West College Avenue
Spokane, WA 99201

NOTES AND SUMMARY EVALUATIONS

SBOH members present:

Kim Marie Thorburn, MD, MPH, Chair
The Honorable David Crump, PhD
Keith Higman
Frankie T. Manning, MN, RN
Mel Tonasket

SBOH members absent:

The Honorable Mike Shelton, Vice Chair
Charles Chu, DPM
Ed Gray, MD
Karen VanDusen
Bill White, Deputy Secretary, Department of Health

State Board of Health Staff present:

Craig McLaughlin, Executive Director
Desiree Robinson, Executive Assistant
Heather Boe, Communication Consultant
Ned Therien, Health Policy Analyst
Tara Wolff, Health Policy Analyst

Guests and Other Participants:

1. Dale Ahlskog, Molina Healthcare of Washington
2. Jerrie Allard, United Way
3. Carol Allen, WSU
4. Tina Bayne, Intercollegiate College of Nursing
5. Amanda Bossard, Washington State House of Representatives
6. Art Busch, Washington Education Association
7. Jon Carollo, CHAS
8. Cathy Cochrane, Spokane Regional Health District
9. Kathy Cope, Spokane BMI Initiative
10. Donald W. Cydher, Waddell & Reed
11. Ralph DeCristoro, Community Minded Enterprises
12. Joan Douglas, Citizen
13. John Driscoll, Project Access
14. Julie Graham, Spokane Regional Health District
15. Kevin Graman, Spokesman Review
16. Julie Griffith, C-Me
17. Chip Halverson, Washington Education Association
18. Barry Hilt, Spokane Regional Health District
19. Jim Howait, Molina Healthcare of Washington
20. Linda Jackson, Spokane Regional Health District
21. Margaret Jones, Spokane Regional Health District Board
22. Toni Lodge, NATIVE Project-NATIVE Health
23. Cathy Mann, VOICES
24. Todd Mielke, Spokane County Board of County Commissioners
25. Timm Ormsby, State Representative, 3rd Legislative District

26. Ofa Meliame Redding (Student)
27. Carolyn Pickett, Citizen
28. Stephen Reichard, Reichard Associates
29. Bonnie Roberts, VOICES
30. Sharen Schermer, Aging Long Term Care of Eastern Washington
31. Kristin Souers, WSU-Child and Family Research Unit
32. Lyndia Vold, Spokane Regional Health District
33. Christopher Zilar, Spokane Regional Health District

Introductory Remarks

State Board of Health Chair Kim Thorburn welcomed the participants and discussed the Board's priorities. Mark Rupp and Christina Hulet from the Governor's Executive Policy Office reviewed the Governor's health policy priorities.

Local Report

A local panel discussed health disparities issues in the Spokane region. Panelists were: Lydia Vold, Director of Disease Prevention and Response, Spokane Regional Health District; Cathy Mann, Executive Director, VOICES; and Toni Lodge, Executive Director, NATIVE Health and NATIVE Project.

Breakout Groups

Participants broke into small groups that discussed barriers and solutions for each of the Board's five 2006 State Health Report goals.

Access
Board Member: Kim Thorburn
Board Staff: Heather Boe
Participants: 12 (including Representative Ormsby)

Barriers

- Opt-out "do your fair share" – Medicare, Medicaid
- Waiting period? Pre-existing conditions? Convoluted insurance rules.
- Cost sharing barrier
- Physician market share, restraint of trade
- Gender, culture, geography, elders
- Dental health care advocates
- Medical care where the patients are
- Rural disparity
- Need ombudsman for all sectors of health care
- Finance issue – cost sharing barrier
- WASLs could mean fewer people of color becoming providers

Solutions

- Create more competition between health care plans
- "Project Access" – expanded model
- Fair Share – providers give care to all

- No Wrong Door approach (enter system through any door)
- Money exists in the system but needs to be used more wisely
- Statewide employer and individual insurance mandates (as in Massachusetts)
- Training physicians in a system approach.
- Reorient from disease care to prevention
- Early entry to prenatal care (education and early care)
- More health care providers culturally recruited and trained.

Cost and Quality
Board Member: David Crump
Board Staff: Craig McLaughlin
Participants: 7

Barriers

- Provider need more time (only 40% screening appropriately for STDs)
- Reluctance to seek services because of cost (out-of-pocket expenses)
- Co-pays and deductible are to high for seniors (especially ER costs)
- Providers don't take seniors so they use ER usage, which leads to poor follow-up
- Cost of prescriptions to high
- Person over 65 can expect to spent $2,000 per year out of pocket
- Cost increases are associated with preventable disease
- Health care records record height and weight but do not calculate body mass index (BMI), so its not addressed as fundamental health risk. The U.S. Preventive Services Task Force recommends BMI screening but there's no system to put it into practice.
- Cost of insurance is too high for individuals and businesses

Solutions

- Get BMI on to health records
- Work with DOH to get guidelines to all health care providers about BMI (require training hours using HIV training requirements as a model)
- Develop better coding to implement guidelines regarding obesity
- Research effectiveness of obesity interventions
- Emphasize prevention (plans not addressing it enough – some not responsive)
- Teach self-care/health literacy
- Provide routine, free health screenings
- Make sure insurance benefits are better aligned with disease management programs
- Build in referral, outreach, follow-up services (eliminate redundant services/tests) using information technology/electronic medical records

Health Disparities
Board Member: Frankie Manning
Board Staff: Tara Wolff
Participants: 10

Barriers

- Access to safe and welcoming care inadequate.
- Difference in care for insured vs. uninsured (welfare Wednesday)
- No funding for poor school districts to fix unhealthy building environments
- The poorest live in unhealthy environments
- Working in silos – DSHS, OSPI, Transportation
- Complicated systems for vulnerable populations to access.
- Language – not enough interpreters in health care
- Failure of DOH to advocate for public health
- No restorative care in dental for low-income kids
- Even working poor have huge access issues, not just people eligible for entitlement programs
- We have an employer-based health care system but employers don't have to provide insurance for their employees
- Access based on citizen status
- No effective advocacy
- DOH quiet on access issues for children
- Lack of preventive care for low-income people
- Mental health intersection with Department of Corrections – in system (jails) but not tied and connected to mental health system
- Disparities in environmental health are big

Solutions

- More communication between departments and boards regarding policy development (i.e., DSHS, DOH, SBOE, etc.)
- DOH focus on major policies that impact health disparities
- Standardize and simplify entry into systems of care
- Standard of care regardless of income
- Get rid of corporate subsidies.
- Governor's vision for children's health care hasn't been implemented fully – monitor the implementation and validate.
- Need a study to evaluate how Washington state policies create health disparities
- Stronger emphasis on education and prevention
- Use published information on health disparities to create policies.
- Access secondary to poverty – language, culture, disease such as mental health, insurability (working poor)

Prevention
Board Member: Mel Tonasket
Board Staff: Desiree Robinson
Participants: 4

- Education (i.e. Nutrition)
- Underlying causes
- Encourage healthy lifestyle
- Get rid of barriers
    - public opposition
    - individual rights
    - no one will take the lead
    - cooperation and support among public agencies
    - TIME

Public Health
Board Member: Keith Higman
Board Staff: Ned Therien
Participants: 2

Barriers

- Capacity has been a challenge for 20 years.
- Victim of its own success
- TB is example of problem where there were major successes in past the problem returned after public health programs were reduced
- Great past improvement in health through sanitation and immunization has resulted in public complacency
- People do not have a sense of fear about potential loss of public health capacity
- True work of public health is prevention, which is hard to measure
- Our culture is more responsive to addressing disasters, rather than day-to-day prevention
- There are health disparities that current public health capacity cannot address
- HIV/AIDS programs are being whittled away because majority do not think it impacts them
- Response to emerging diseases diminish other public health programs

Solutions

- Public health workforce development
- 9/11 focused attention on need for capacity (also West Nile virus and avian influenza)
- Harm reduction approaches (needle exchange) – getting people into public health system
- Education – need to market services better (the concept of public health is prevention)
- Funding for public health programs

General Discussion

Participants returned from the breakout session and representatives from each group reported back to the whole. Board Member David Crump then facilitate a general discussion.

- Environmental Health in schools – glass fibers, no one is taking the lead, no rule, not fixing problems could have been fixed, asthma/particulates/CO_2 levels/molds, consequences and enforcement
- Prevention – fluoridation (state role?)
- In-school childcare – asbestos where strollers are kept
- Evidence-based medicine a problem because one size and color does not fit all. Drug effect may vary by ethnic group (more research needed)
- Regional Support Networks system for mental health—people don't have access if they don't have the right diagnosis
- Cost shifting—most vulnerable folks can't negotiate complex system, so they go to jail to get care or they go to the ER
- Last two legislative sessions focused on mental health, but we can't stop there and call it good, need more money and more interagency collaboration
- Indoor environmental issues—no agency is specifically responsible.
- Skyward reporting system—need comprehensive and standardized system for reporting student health (Healthy Seat)
- Rescinding 6-month recertification has made a huge difference
- Thanks to the Governor for picking up co-pays
- Strong prenatal care/identification
- If ever you experience a day in poverty, policies would be different
- Policies, rules, procedures need to be understood from the perspective of poor/mentally ill/etc.
- Need to affirm those doctors and practice groups that do their fair share
- Policies are in silos at state level—mental health, public health, dental health, etc.
- Need to strengthen interventions for new moms—public health nurses, home-based care, services delivered to the streets, more clinics
- Need to avail selves of existing laws.
- We are spending too much time/effort on computers
- Give children better nutrition
- Need to focus more on the needs of poor
- Coordinate health care
- Start working on health from early learning
- Need state czar of health
- Look at issues across the state
- Have public health nurses on the streets along with social workers
- Look at whole system. Consider the Japanese system. Money does not buy quality
- Take great strides in leadership (Governor) especially regarding health disparities
- People who speak up are marginalized (e.g., in schools)
- Need data-driven rules and laws (likes state health report's DOE essay)
- Also need to focus on indoor contaminates.
- Simplify the health care system—it is too complicated, even for patient advocates
- Consider need to shore up public health system—more money, more opportunities for planning, more for prevention
- Access in rural areas—there are pockets where providers severely limited and where there is no transportation.

Summary Evaluations

Please indicate the extent of your agreement or disagreement with the following statements by circling your response					
	Strongly disagree				**Strongly agree**
Purpose and objectives of the forum were clear.	1	2	3	4	5
		1 (7%)	**5** (31%)	**4** (25%)	**6** (37%)
Speakers were knowledgeable and effective.	1	2	3	4	5
			2 (13%)	**9** (56%)	**5** (31%)
Material presented was clear and appropriate for my level of knowledge on this topic.	1	2	3	4	5
			3 (19%)	**8** (50%)	**5** (31%)
My point of view was listened to and valued.	1	2	3	4	5
			1 (7%)	**7** (43%)	**8** (50%)
This forum will help to guide the state in its health work.	1	3	3	4	5
	1 (7%)	**2** (13%)	**6** (40%)	**3** (20%)	**3** (20%)
After attending the forum…					
I am more prepared to participate in efforts to make our state the healthiest in the nation.	1	2	3	4	5
			3 (19%)	**7** (43%)	**6** (37%)
I have a better understanding of public health priorities for our state.	1	2	3	4	5
			7 (43%)	**6** (37%)	**3** (19%)

1. What worked well in this forum that we should continue doing?
   - Small group discussion and feedback
   - Panel was a good idea but didn't really lead to the discussion topics
   - Passionate people/real stories
   - Great leadership in conducting the forum – good facilitation
   - Collecting public input in a structured and useful way.
   - Forum format was informative for participants as well as (hopefully) for the Board
   - The interactive format
   - Prevention!!! What does that mean? It's been on the lips of many for a long while – but to place incentives for better health for persons that will be a true motivation.

2. How could this forum been improved upon?
   - Accessible for consumers – locations/time/publicity
   - This auditorium has had poor acoustics from the day it was built even with the adaptations/modifications
   - Need more forums to encourage participation
   - Too short
   - More time
   - More time to get recommendations written down more clearly
   - Provide an opportunity for anonymous feedback – slips to hand in with ideas
   - Continue panel presentation

- Take a "relook" at structure of Board of Health. Politicians don't always make sound health decisions.
- More specific action items
- Breakout rooms
- Clear rules during public comment and enforce them so an individual or two don't dominate discussion.
- More specific to areas that are very costly down road if not attended to now, i.e. cardiac care, metabolic syndrome, etc.
- More input from people shut out of system
- Later start time for working people

3. If there are any issues you wanted to bring up but did not get a chance to, please jot them down here.
   - What does the DOH plan for addressing the "graying" of the population?
   - Where are the elder initiatives?
   - State level coordination – don't leave out long term care (in-home & residential) with health and mental health.
   - Need time to change the input to action plans as a group process
   - Ocean Beach Medical Clinic and Hospital is down to one physician for a population of probably 10,000 mostly elderly individuals. My mother and father among them. With constant turnover of health care providers, quality of care – care at all – is a huge issue. My parents have been healthy all their lives, until now. My mother has been to the ER three times in the past month because she cannot get an appointment with the clinic physician. Her medical problem is not minor – she suddenly could not walk and was in intense pain. It seems inconceivable that she would be told she had to wait to see her primary caregiver in order to get a referral for an MRI and a referral to a specialist – but that is what transpired. After waiting nearly a month, my mother will finally have access to her doctor next week.
   - Recommend providing a system to submit recommendations along with supportive materials.
   - A better health care begins with healthier community infrastructure as one
     - Access to walking in neighborhoods, biking – not just in distant suburbs
     - Our local governments need to be educated and get busy as advocates.
     - Having builders who thus far are not in time. The bottom line is first.
     - Access – how do older people navigate/negotiate the complicated system
     - Quality of provider visits – end up less quality due to time constraints, not seeing the whole person.
   - When places offer free screening for illnesses and conditions, many low-income do not participate because of no follow-up care – early diagnosis is just scary without follow-up care and treatment.
   - I enjoyed the event.